



Accessing care through GP practices in Gloucestershire

A follow-up report reflecting on public feedback and recommendations for improvement

September 2022

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About us

Healthwatch Gloucestershire is the county's health and social care champion.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared.

Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.



Background

It has been clear during the last few years that GP services have been under the magnifying glass. The circumstances posed by the COVID-19 pandemic have heightened the pressure that GP surgeries across the country have felt.

Healthwatch England have noted that people across the country couldn't see their GP in person; and they have worked on a national level to try to improve this (source: [Healthwatch England, How we've made a difference this year](#)). They have supported people to get better digital appointments, raised your concerns about access to the NHS and addressed the impact of digital exclusion (source: [Healthwatch England Annual Report 2020-21](#)).

Despite this, GP access continues to be a widespread issue and Healthwatch England has reported that GP access was the biggest issue they heard about in March 2022 (Source: [Healthwatch England](#)).



Demand for GP surgery services is extremely high – with practices seeing a significant increase in contacts – nearly 20% since 2019 – that's a 5th more than ever before.

Gloucestershire Clinical Commissioning Group



A brief timeline of the changes and achievements by GP practices

(source: NHS Gloucestershire)

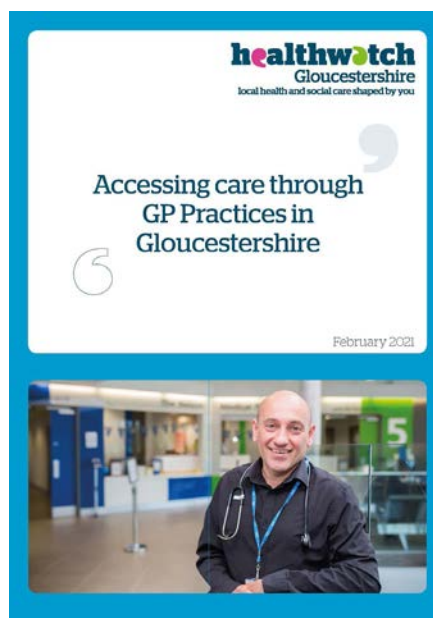
- **Early March 2020** – GPs in Gloucestershire begin rolling out the NHS precautionary plan for COVID-19, prioritising essential services.
- **25 March 2020** – National lockdown and resulting changes to the delivery of GP services as doors close in favour of telephone and online.
- **October 2020** – Click or Call First campaign.
- **Mid December 2020** – Start of vaccine roll out for first four priority groups, arranged through GP surgeries.
- **26 February 2021** – 200,000 COVID -19 vaccination milestone in Gloucestershire.
- **30 April 2021** – 500,000 COVID -19 vaccination milestone in Gloucestershire.
- **23 September 2021** – GPs issue a plea for support during ‘times of unprecedented pressure’.
- **15 September 2021** – COVID -19 vaccines are available for everyone aged 12 and older.
- **27 October 2021** – one million COVID -19 vaccination milestone in Gloucestershire.

Our February 2021 report

Our report, [*Accessing care through GP practices in Gloucestershire*](#) in February 2021, gained a lot of attention and sparked this topic of conversation further.

618 of you shared your experiences with us and had your say about how GP services could be improved for local people, with a mind to the pandemic and the changes that this brought.

We wanted to take another look at how people feel about their GP now. We wanted to see if there have been improvements or if any new themes had emerged in the year following our original research.



What we did

- To follow up on the impact of our February 2021 report, we reviewed what people told us since the report was published (feedback recorded between Jan to Dec 2021). Looking at the differences in what people said then and now, we have established an understanding of how things have changed.
- We collated feedback from what people told us directly (on the phone, via email) and feedback left on other sites. For example:
 - ◊ We looked at reviews left on GP pages of the [NHS Choices](#) directory
 - ◊ We collated feedback left on [Care Opinion](#) about Gloucestershire GP practices
 - ◊ We drew on the results of the [NHS GP Patient Annual Survey 2021](#).
- We have mostly drawn upon the stories of people who spoke to us directly and provided context for these stories with the wider set of reviews collated.



Who we spoke to

We collected feedback from 175 people about their experiences of GP practices in 2021. We also looked at feedback from 571 further online reviews and the 9,207 Gloucestershire responses from the NHS GP Patient Annual Survey.

These external sources of feedback have a much larger sample size compared to the amount of feedback that we have heard directly. We have mostly draw upon the stories of people who spoke to us to make sure their stories are not drowned out by the larger data set, though we have provided context for what we have heard with the wider set of reviews collated.

Of the 175 who shared their experiences with us, the following chose to give us their demographic details:

- We heard from 55 men and 87 women.
- Three people identified as British Asian and four people identified as Other White ethnicities. The remaining 168 did not share their ethnicity with us.
- 80% of people told us about their own experience of their GP, while 15% of feedback came from carers or loved ones of the person using the GP. The remaining 5% of feedback was shared with us via other professionals who are supporting people with access to health and care.
- We had a reasonable age distribution of people who shared their experiences with us. Most young people who spoke to us about their opinions of GP services were included in our [Young Listeners Project report](#). The ages of people who gave feedback is as follows:
 - ◇ 5% was about children or young people's experiences, from 0–24 years old
 - ◇ 15% from 25 to 49 year olds
 - ◇ 12% from 50 to 64 year olds
 - ◇ 12% from 65 to 79 year olds
 - ◇ 19% from people who were 80 years old or older
 - ◇ 37% of people did not tell us their age.

Key messages

- The overall perception of GPs has changed for the better since our last report.
- People appreciated the challenges and success of the vaccine rollout through primary care providers.
- GP care remains patchy and there is a feeling that some areas are better or worse off for their GP satisfaction.
- Several concerns remain since January 2021. Communication, support, and appointment booking remain key sticking points in the patient-practice relationship.
- 18% of feedback was about the digitalisation of care and remote consultation process, and 80% of this was negative.
- People want choice over how to contact or be consulted by their GP.
- People do not like to feel that their care is disjointed, that they are looked at one symptom at a time or as a tick box exercise.
- There is still a lack of clarity about the window of time when people will get a call back or telephone consultation from their GP practice and this causes frustration.
- People felt the pressures on staff worsened their attitudes towards patients and this limited the quality of care received.

What people told us

Praise for GP services

The feedback we have received about GP services has shown a mixed picture through the past year. Many people wanted to share their praise, gratitude and congratulations to their local healthcare staff for their brilliant work during unprecedented difficulties. 42 people specifically told us that their GP provided an excellent service.

As the GP services in the county navigated challenges posed by the pandemic and the logistics of rolling out the vaccine programme in their communities, people told us it was important to them to praise those working to keep local people healthy.



The vaccine rollout has been managed extremely well in this area.



Brilliant admin and ancillary staff but the GPs are too busy.



Digital health and remote consultations

Social distancing and infection control procedures have shifted general practice to a much more digital landscape. As our report in 2021 highlighted, this can work really well for some people but it can also be a barrier to accessing care. We reported that people wanted choice over the way they were communicated with, and that those who are digitally excluded, because they do not have the skills, technology, or money for devices, can feel unable to get help with their health concerns if they do not have this choice.

The frustration with feeling unable to physically see your own GP has been really clear in feedback throughout 2020 and 2021. It is important to people that they know they will be listened to and understood, especially when they need to wait for their digital consultations. People felt that GPs were unreachable, that administration was unsatisfactory and that they were left without help.

27 people described their experience of digital health since our last report and most of these experiences were negative.



It's has taken three weeks to speak to a male doctor, the phone rang and I missed the call. I called them straight back and after getting through and choosing options I was on hold for 15 minutes I gave up in the end.

It's poor that my surgery is still not attempting video calls after all of this time, no one is being seen properly this is awful as things are being missed.

Even their phone message states to do everything online.

I am feeling unwell, I waited a week for a telephone consultation with a GP and was given a 4-hour window to wait for the call. The call came through to my mobile phone, it rang twice I answered and was disconnected after one second. It has left me feeling very angry/tearful, obviously I mean nothing to them. They made the call, job done, boxed ticked, end of.

GP attitudes and communication

GPs have faced a number of unprecedented challenges in the past few years. These difficulties have had a well-reported impact on staff and staffing levels. It is clear from the staff and patient perspective that changes need to be made to the communication style to help mend these relationships and rebuild trust.

- Of the 52 people who talked to us about communication with their GP, 46 people (88%) had a negative experience.
- 34 (19%) people talked about attitudes of staff and 24 people (71%) told us that they had a negative experience.
- Ten people directly mentioned their negative experiences of staff attitudes while talking to their surgeries, booking appointments and during consultations.

An honest and open communication style from the first point of contact with the public would be best be that via a digital or a physical front desk.

Q I'm scared to ring the doctors. I get attitude – it's like I'm being punished.

Q When she does get an appointment, she feels consistently patronised and made to feel like there is nothing wrong with her.

Q Explaining the need and urgency to be met with the typical 'couldn't give a crap' attitude and another 24-hour wait – if it wasn't so dangerous it would be comical.

Q The receptionists are defensive when we are trying to arrange appointments for my mum, does anyone monitor the calls or conduct? I'm only trying to ensure my mum stays well. My family and I look after my mum and are not a burden to the state and it's sad to be made to feel like we have done something wrong when we call the surgery.

Prescriptions and diagnoses

Prescriptions and diagnoses are key sticking points in communication between GP practices and patients. The process of receiving these from an administrative and medical approach has felt difficult for many of the people we have spoken to. When communication and trust breaks down the patient-practice relationship, people told us about increasing friction and this has caused them to come to us, afraid and unsure about what to do.

31 people spoke to us at length about their experiences of getting a prescription or a diagnosis at their GP surgeries, and only one of these was positive. People told us about their concerns around communication, access, and health inequalities.

Broadly speaking diagnoses and improving outcomes for patients managing ongoing conditions have featured in Primary Care Network (PCN) Improvement Strategies, locally and nationally (source: [Gloucestershire ICS Primary Care Strategy 2019–2024](#)). Despite this, we heard from people who felt forgotten and unsupported. This reflects the difference between policy and the current challenges faced by services, again highlighting the need for clear and effective communication.



Q I felt that the doctor was very abrasive and intimidating. My issues weren't taken seriously and none of my concerns or issues were addressed, such as getting a diagnosis, an explanation of my symptoms, any ways to relieve them, or what to expect in the future. The little amount of advice he offered didn't consider my issues and would exacerbate my symptoms.

Joined up healthcare

The new the local Integrated Care System (ICS), [One Gloucestershire](#), was established in July 2022, so it is timely that people spoke to us about wanting joined up care and smooth transitions between services.

In our conversations about GP referrals to other services, data sharing, and a more holistic approach to healthcare, 14 people told us about their patient journey and the need for more joined up care.

Some said they didn't feel listened to about their health in a joined up sense. There was concern, for example, that someone with multiple co-existing symptoms may feel like they had to prioritise which was the most threatening at the time, regardless of the severity of their other underlying symptoms or conditions. This led people to tell us they felt ignored and unable to be as active in treating their overall health concerns.

People also raised difficulties in seeking referrals to different services, commenting that they feel passed around 'like a relay baton' without reaching any diagnostic milestones.

GPs are currently overwhelmed with backlogs and delayed presentation of symptoms due to lasting effects of the pandemic. With a more proactive approach, if time could allow, GPs may become more able to interact with other services in a more joined up way to smooth the patient journey around the health and social care systems.



They only want to deal with one issue at a time, but this is always the same issue and not other issues.



Recommendations

We have reflected on the recommendations we made in our February 2021 report, [Accessing care through GP practices in Gloucestershire](#), and on the additional messages which have been revealed in more recent feedback about GP services. We are now making the following recommendations to help GP services understand how to change and improve to better meet people's needs.

Continued recommendations

- Be clear in communicating with patients about upcoming appointments. For example, be specific in the language used if appointments will be a digital consultation rather than calling this a call back. If a digital consultation is booked, give patients a small window of time that they can expect to be contacted.
- An honest and open communication style from the first point of contact with the public would be best, be that via a digital or a physical front desk.
- Work collaboratively within the healthcare system so that people can experience more joined up care with a streamlined patient journey.

Additional recommendations

- Continue positive work in the successful vaccine programme.
- Develop staff training and staff wellbeing policies to recentre attention on compassionate, person-centred attitudes. With the ongoing stresses on members of staff, this pressure needs to be actively alleviated to improve quality of care.

Stakeholders response

NHS Gloucestershire

Becky Parish, Associate Director, Engagement and Experience



“Thank you to Healthwatch Gloucestershire for sharing this follow up report with NHS Gloucestershire. It is clear from the feedback that for some patients accessing support from their GP practice using digital options is challenging for a variety of reasons; whilst for others we have found that online services have improved their access to services.

“The NHS’s fast response to the COVID-19 pandemic meant that many services had to move online quickly. Across Gloucestershire throughout the past two years alongside the online options we have maintained analogue and face-to-face options for patients where possible and clinically appropriate.”

Thank you

Our thanks go to the people who helped spread the word about Healthwatch Gloucestershire and all the people who speak to us on an ongoing basis. Thanks to everybody who took the time to tell us about their experience. We can only do what we do because you talk to us.





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